

**REQUEST FOR
REFUND
Patent Application**

Address to:
Mail Stop 16
Director of the USPTO
P.O. Box 1450
Alexandria, VA 22313-1450

Application Serial No.	10/539,831
Filing Date	17 June 2005
First Named Inventor	Sarkar
Art Unit	NYA
Examiner Name	NYA
Attorney Docket Number	10008.0100

Director:

Request is hereby made for refund of \$550 for the unnecessary payment of fees in light of the amended claims filed with the application. In particular:

There are 30 total claims, not 37, so the surcharge for excess claims over 20 should be \$500, not \$850. There are 5 independent claims, not 6, so the surcharge for excess independent claims should be \$400, not \$600. As such, the total fees should be \$1630, not \$2180. The applicant is submitting the full \$2180 specified in the Notification of Missing Requirements, but respectfully requests the \$550 excess fee be refunded.

A copy of the preliminary amendment filed concurrently with the application is enclosed.

Accordingly, please forward the refund amount of \$550 to the undersigned at the following address:

Daniel J. Noblitt
NOBLITT & GILMORE, LLC.
4800 North Scottsdale Road
Suite 6000
Scottsdale, AZ 85251

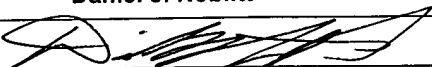
If it would help to expedite this refund, please contact the undersigned at the telephone number listed below.

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration number 35,969.
- ☐ Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name **Daniel J. Noblitt**

Signature



Date

February 28, 2006

Telephone **480.994.9859**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Forms if more than one signature is required, see below*.